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FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

14 APR 15 PM 1: 26

Office Use Only

					L	Gilled Coo City
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	Example: If typi over the lines.	ng, type	12FE4M5	
Evan Bayh Committee						
						<u> </u>
				1 1 1 1		
ADDRESS (number and street)	850 Fort Wayne	e Ave		111	1111	
Check if different				1 1 1 1		
than previously reported. (ACC)	Indianapolis					46204
						ZIP CODE
C C00306860		3. IS THIS	NEV	v	AMEND	STATE ▼ DISTRICT
	alant Bered	REPORT	NEV (N)	OR	(A)	
4. TYPE OF REPORT (0 (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quar January 31 Year-	/ Report (Q1) Report (Q2) terly Report (Q3) End Report (YE)	Election	OST-Election Re	(12C)	General (1) Special (12) Runoff (30)	in the State of
5. Covering Period 01 01 2014 through 03 31 (2014)						
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Dennis Charles						
\(\begin{align*} \ \begin{align*} \ \begin{align*} \ \ \cdot						
Signature of Treasurer Dennis Charles Date Date						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.						
Office						
Use Only						FEC FORM 3 (Revised 02/2003)